

# SAMPLE NATIONAL GPRA REPORT – CRS 2008 V.8.0

## Cover Page

\*\*\* IHS 2008 National GPRA Report \*\*\*

CRS 2008, Version 8.0

Date Report Run: Jan 28, 2008

Site where Run: DEMO INDIAN HOSPITAL

Report Generated by: KLEPACKI,STEPHANIE

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Measures: GPRA Denominators and Numerators and Selected Other  
Clinical Denominators and Numerators

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.24.56

Denominator Definitions used in this Report:

### ACTIVE CLINICAL POPULATION:

1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

### USER POPULATION:

1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

See last pages of this report for Performance Summaries.

A delimited output file called SK80TNTLGPRA2008012808DEL  
has been placed in the public directory for your use in Excel or some  
other software package.  
See your site manager to access this file.

Community Taxonomy Name: DEMO GPRA COMMUNITIES

The following communities are included in this report:

COMMUNITY #1

COMMUNITY #2

COMMUNITY #3

COMMUNITY #4

COMMUNITY #5

COMMUNITY #6

**PLEASE NOTE: This is a sample National GPRA report which has been compiled from CRS 2008 (BPG version 8.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.**

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Diabetes Prevalence

## Denominator(s):

All User Population users. Breakdown by gender and by age groups: &lt;15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, &gt;64.

## Numerator(s):

Anyone diagnosed with Diabetes at any time before the end of the Report period.

Anyone diagnosed with Diabetes during the Report Period.

## Logic:

Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.

## Performance Measure Description:

Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

## Past Performance and/or Target:

IHS Performance: FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

## Source:

HP 2010 5-2, 5-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,778		2,353			2,337		
# w/ any DM DX	228	8.2	216	9.2	-1.0	196	8.4	-0.2
# w/ DM DX w/in past year	129	4.6	124	5.3	-0.6	99	4.2	+0.4

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## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

## Diabetes Prevalence (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Male User Pop	1,303		1,099			1,106		
# w/ any DM DX	94	7.2	88	8.0	-0.8	71	6.4	+0.8
# w/DM DX w/in past year	62	4.8	64	5.8	-1.1	47	4.2	+0.5
# Female User Pop	1,475		1,254			1,231		
# w/ any DM DX	134	9.1	128	10.2	-1.1	125	10.2	-1.1
# w/ DM DX w/in past year	67	4.5	60	4.8	-0.2	52	4.2	+0.3

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Diabetes Prevalence (con't)

	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	704	233	251	389	366	375	243	217
# w/ DM DX ever	1	3	5	33	45	59	40	42
% w/ DM DX ever	0.1	1.3	2.0	8.5	12.3	15.7	16.5	19.4
# w/DM DX in past yr	0	2	0	9	29	39	25	25
% w/DM DX in past yr	0.0	0.9	0.0	2.3	7.9	10.4	10.3	11.5
PREVIOUS YEAR PERIOD								
Total # User Pop	703	223	235	340	291	251	166	144
# w/ DM DX ever	3	3	8	32	43	49	39	39
% w/ DM DX ever	0.4	1.3	3.4	9.4	14.8	19.5	23.5	27.1
# w/DM DX in past yr	1	2	2	9	23	30	29	28
% w/DM DX in past yr	0.1	0.9	0.9	2.6	7.9	12.0	17.5	19.4
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.4	-0.9	-2.5	-3.8	-7.0	-7.7
w/DM DX in past yr	-0.1	-0.0	-0.9	-0.3	+0.0	-1.6	-7.2	-7.9
BASELINE REPORT PERIOD								
Total # User Pop	787	207	216	329	291	227	138	142
# w/ DM DX ever	2	4	12	21	38	46	29	44
% w/ DM DX ever	0.3	1.9	5.6	6.4	13.1	20.3	21.0	31.0
# w/DM DX in past yr	2	1	3	7	18	21	19	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	13.8	19.7
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.6	-3.6	+2.1	-0.8	-4.5	-4.6	-11.6
w/DM DX in past yr	-0.3	+0.4	-1.4	+0.2	+1.7	+1.1	-3.5	-8.2

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## DEMO INDIAN HOSPITAL

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Diabetes Prevalence (con't)

	MALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	371	108	109	156	169	173	122	95
# w/ DM DX ever	0	2	1	7	19	28	22	15
% w/ DM DX ever	0.0	1.9	0.9	4.5	11.2	16.2	18.0	15.8
# w/DM DX in past yr	0	1	0	4	15	18	15	9
% w/DM DX in past yr	0.0	0.9	0.0	2.6	8.9	10.4	12.3	9.5
PREVIOUS YEAR PERIOD								
Total MALE User Pop	371	112	101	130	136	114	76	59
# w/ DM DX ever	1	2	2	7	18	24	21	13
% w/ DM DX ever	0.3	1.8	2.0	5.4	13.2	21.1	27.6	22.0
# w/DM DX in past yr	0	1	1	3	12	15	20	12
% w/DM DX in past yr	0.0	0.9	1.0	2.3	8.8	13.2	26.3	20.3
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.1	-1.1	-0.9	-2.0	-4.9	-9.6	-6.2
w/DM DX in past yr	+0.0	+0.0	-1.0	+0.3	+0.1	-2.8	-14.0	-10.9
BASELINE REPORT PERIOD								
Total MALE User Pop	424	103	86	137	132	107	63	54
# w/ DM DX ever	1	1	3	6	14	21	15	10
% w/ DM DX ever	0.2	1.0	3.5	4.4	10.6	19.6	23.8	18.5
# w/DM DX in past yr	1	0	1	4	9	10	12	10
% w/DM DX in past yr	0.2	0.0	1.2	2.9	6.8	9.3	19.0	18.5
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.2	+0.9	-2.6	+0.1	+0.6	-3.4	-5.8	-2.7
w/DM DX in past yr	-0.2	+0.9	-1.2	-0.4	+2.1	+1.1	-6.8	-9.0

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## DEMO INDIAN HOSPITAL

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## Diabetes Prevalence (con't)

	FEMALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	333	125	142	233	197	202	121	122
# w/ DM DX ever	1	1	4	26	26	31	18	27
% w/ DM DX ever	0.3	0.8	2.8	11.2	13.2	15.3	14.9	22.1
# w/DM DX in past yr	0	1	0	5	14	21	10	16
% w/DM DX in past yr	0.0	0.8	0.0	2.1	7.1	10.4	8.3	13.1
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	332	111	134	210	155	137	90	85
# w/ DM DX ever	2	1	6	25	25	25	18	26
% w/ DM DX ever	0.6	0.9	4.5	11.9	16.1	18.2	20.0	30.6
# w/DM DX in past yr	1	1	1	6	11	15	9	16
% w/DM DX in past yr	0.3	0.9	0.7	2.9	7.1	10.9	10.0	18.8
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.7	-0.7	-2.9	-2.9	-5.1	-8.5
w/DM DX in past yr	-0.3	-0.1	-0.7	-0.7	+0.0	-0.6	-1.7	-5.7
BASELINE REPORT PERIOD								
Total FEMALE User Pop	363	104	130	192	159	120	75	88
# w/ DM DX ever	1	3	9	15	24	25	14	34
% w/ DM DX ever	0.3	2.9	6.9	7.8	15.1	20.8	18.7	38.6
# w/DM DX in past yr	1	1	2	3	9	11	7	18
% w/DM DX in past yr	0.3	1.0	1.5	1.6	5.7	9.2	9.3	20.5
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.1	-4.1	+3.3	-1.9	-5.5	-3.8	-16.5
w/DM DX in past yr	-0.3	-0.2	-1.5	+0.6	+1.4	+1.2	-1.1	-7.3

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## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

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Diabetes: Glycemic Control

## Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

## Numerator(s):

Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.

GPRA Numerator: Poor Control. Patients with A1c greater than (>) 9.5.

GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.

## Logic:

Diabetes: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3046F, or 3047F; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

## Performance Measure Description:

Poor Glycemic Control: TBD

Ideal Glycemic Control: TBD

## Past Performance and/or Target:

A1c documented: IHS Performance: FY 2007 - 79%, FY 2006 - 79%, FY 2005 - 78%, FY 2004 - 77%, FY 2003 - 75%; HP 2010 Goal: 50%

Ideal Glycemic Control (<7): IHS Performance: FY 2007 - 31%, FY 2006 - 31%, FY 2005 - 30%, FY 2004 - 27%, FY 2003 - 28%; IHS 2010 Goal: 40%

Poor Glycemic Control (>9.5): FY 2007 - 16%, FY 2006 - 16%, FY 2005 - 15%, FY 2004 - 17%

## Source:

HEDIS; HP 2010 5-12

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Diabetes: Glycemic Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/A1c done w/ or w/o result	79	72.5	70	73.7	-1.2	52	59.8	+12.7
# w/A1c > 9.5 (GPRA)	17	15.6	4	4.2	+11.4	11	12.6	+3.0
# w/A1c <7 (GPRA)	32	29.4	30	31.6	-2.2	22	25.3	+4.1



## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

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Diabetes: Blood Pressure Control

## Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to Current Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

## Numerator(s):

Patients with Blood Pressure documented during the Report Period.

GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

## Logic:

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

Controlled BP: IHS Performance: FY 2007 - 39%, FY 2006 - 37%, FY 2005 - 37%, FY 2004 - 35%, FY 2003 - 37%; IHS 2010 Goal: 50%

BP Assessed: IHS Performance: FY 2005 - 89%, IHS 2010 Goal: 95%

## Source:

HP 2010 12-9, 12-10

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DEMO INDIAN HOSPITAL

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Diabetes: Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/ BPs Documented	101	92.7	78	82.1	+10.6	74	85.1	+7.6
# w/Controlled BP < 130/80 (GPRA)	23	21.1	20	21.1	+0.0	13	14.9	+6.2

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Diabetes: LDL Assessment

## Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

## Numerator(s):

GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.

A: Patients with LDL results less than or equal to ( $\leq$ ) 100.

## Logic:

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result.

LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL  $\leq$ 100, CPT 3048F will count as meeting the measure.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

Patients Assessed: IHS Performance: FY 2007 - 61%, FY 2006 - 60%, FY 2005 - 53%, FY 2004 - 53%, FY 2003 - 47.5%; HP 2010 Goal: 70%

## Source:

HP 2010 12-15

REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
PERIOD		PERIOD		PREV YR	% PERIOD		BASE %

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DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Lipids Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/ LDL done (GPRA)	70	64.2	46	48.4	+15.8	23	26.4	+37.8
A. # w/LDL =<100	35	32.1	31	32.6	-0.5	8	9.2	+22.9

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Diabetes: Nephropathy Assessment

## Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

## Numerator(s):

GPRA Numerator: Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

## Logic:

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

## Nephropathy assessment definition:

(1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND

(2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

(3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.\*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6\*.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

Assessment: IHS Performance: FY 2007 - 40% (new baseline established; revised standards of care resulted in revised measure definition)

Assessment (former definition): FY 2006 - 55%, FY 2005 - 47%, FY 2004 - 42%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

## Source:

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HP 2010 5-11

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	43	39.4	6	6.3	+33.1	5	5.7	+33.7

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Diabetic Retinopathy

## Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

## Numerator(s):

GPRA Numerator: Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

B: Patients who refused a diabetic retinal exam during the Report Period.

## Logic:

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Qualified retinal evaluation\* is defined as: (1) diabetic retinal exam or documented refusal or (2) other eye exam.

Diabetic Retinal Exam: Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or Refusal of Exam 03, 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

\*Qualifying retinal evaluation: The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

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Eye Exam: IHS Performance: FY 2007 (only National Rate reported) - 49%,  
 FY 2006 National Rate - 49%, Designated Site Rate - 52%, FY 2005 National  
 Rate - 50%, Designated Site Rate - 50%, FY 2004 National Rate - 47%,  
 Designated Site Rate - 55%, FY 2003 - 49%; HP 2010 Goal: 76%

Source:

HP 2010 5-13

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	109		95			87		
# w/Retinal Evaluation or refusal (GPRA)	53	48.6	39	41.1	+7.6	44	50.6	-2.0
B. # w/ Refusal	2	1.8	0	0.0	+1.8	0	0.0	+1.8



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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Access to Dental Services

## Denominator(s):

GPRA Denominator: All patients in the User Population, broken down by age groups.

## Numerator(s):

GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.

A: Patients with documented refusal.

## Logic:

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 25%, FY 2006 - 23%, FY 2005 - 24%, FY 2004 - 24%, FY 2003 - 25%; IHS 2010 Goal: 40%

## Source:

HP 2010 21-10, 21-12, 21-17

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,778		2,353			2,337		
# w/dental visit or refusal in past yr (GPRA)	232	8.4	200	8.5	-0.1	207	8.9	-0.5
A. # Refusals w/ % of Total Visits	2	0.1	0	0.0	+0.1	0	0.0	+0.1

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Access to Dental Services (con't)

	TOTAL USER POPULATION							
	Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	342	238	357	640	366	375	382	78
# w/dental visit or refusal								
in past yr	21	27	29	67	32	30	25	1
% w/dental visit or refusal								
in past yr	6.1	11.3	8.1	10.5	8.7	8.0	6.5	1.3
# A. # Refusals w/ % of								
Total Visits	0	0	1	0	0	1	0	0
% A. # Refusals w/ % of								
Total Visits	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	347	236	343	575	291	251	258	52
# w/dental visit or refusal								
in past yr	19	22	30	53	24	24	24	4
% w/dental visit or refusal								
in past yr	5.5	9.3	8.7	9.2	8.2	9.6	9.3	7.7
# A. # Refusals w/ % of								
Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of								
Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit or refusal								
in past yr	+0.7	+2.0	-0.6	+1.3	+0.5	-1.6	-2.8	-6.4
A. # Refusals w/ % of								
Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.3	+0.0	+0.0

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## DEMO INDIAN HOSPITAL

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Access to Dental Services (con't)

## TOTAL USER POPULATION

## Age Distribution

	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
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## BASELINE REPORT PERIOD

Total # User Pop	363	285	346	545	291	227	228	52
# w/dental visit or refusal								
in past yr	17	30	29	50	31	27	20	3
% w/dental visit or refusal								
in past yr	4.7	10.5	8.4	9.2	10.7	11.9	8.8	5.8

## # A. # Refusals w/ % of

Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of								
Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## CHANGE FROM BASE YR %

w/dental visit or refusal								
in past yr	+1.5	+0.8	-0.3	+1.3	-1.9	-3.9	-2.2	-4.5
A. # Refusals w/ % of								
Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.3	+0.0	+0.0

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## DEMO INDIAN HOSPITAL

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Dental Sealants

## Denominator(s):

No denominator. This measure is a total count only, not a percentage.

## Numerator(s):

GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period.  
Number of documented refusals.

## Logic:

Age of the patient is calculated at the beginning of the Report period.  
Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351.  
Only two sealants per tooth will be counted during the Report Period.  
Each tooth is identified by the data element Operative Site in RPMS.  
Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 245,449, FY 2006 - 246,645, FY 2005 - 249,882  
(now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)

## Source:

HP 2010 21-8

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants					
Documented or					
Refusal (GPRA)	49	61	-12	81	-32
# refusals	1	0	+1	0	+1

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Topical Fluoride

## Denominator(s):

No denominator. This measure is a total count only, not a percentage.

## Numerator(s):

GPRA Numerator: For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.

A: Patients with documented refusal in past year.

## Logic:

Topical fluoride application defined as: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 - 85,318; FY 2005 # Applications - 113,324

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	38	26	+12	15	+23
A. # Patients w/ Refusals	2	0	+2	0	+2

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## DEMO INDIAN HOSPITAL

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Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Adult Immunizations: Influenza

## Denominator(s):

GPRA Denominator. Active Clinical patients ages 65 and older.

## Numerator(s):

GPRA Numerator: Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

A: Patients with documented refusal.

B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

## Logic:

Age of the patient is calculated at the beginning of the Report period.

Influenza vaccine defined as any of the following documented during the Report Period unless otherwise noted:

1) Influenza immunization, defined as: A) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; B) POV: V04.8 (old code), V04.81, or V06.6; C) CPT: 90655-90660, 90724 (old code), G0008, G8108; D) ICD Procedure code: 99.52;

2) Contraindication documented at any time before the end of the Report Period, defined as: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal;

3) Refusal of immunization codes 88, 111, 15, or 16, as documented in PCC Refusal File (i.e. REF) or in the Immunization Package as contraindication of "Patient Refusal."

## Performance Measure Description:

TBD

## Past Performance and/or Target:

>65 Vaccine Rate: IHS Performance: FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY 2003 - 51%; HP 2010 Goal: 90%

## Source:

HP 2010 14-29b; HP 2010 14-29d

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## DEMO INDIAN HOSPITAL

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Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active Clinical Patients								
65 and older								
(GPRA)	104		63			65		
Total # w/Flu								
vaccine/contra/								
refusal (GPRA)	29	27.9	25	39.7	-11.8	15	23.1	+4.8
A. # Refusals w/ % of								
Total IZ	2	6.9	1	4.0	+2.9	0	0.0	+6.9
B. # w/ Contraind/ NMI								
Ref w/ % of								
Total IZ	1	3.4	0	0.0	+3.4	0	0.0	+3.4

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Adult Immunizations: Pneumovax

## Denominator(s):

GPRA Denominator: All Active Clinical patients ages 65 or older.

## Numerator(s):

GPRA Numerator: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year.

A: Patients with documented refusal.

B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

## Logic:

Age of the patient is calculated at the beginning of the Report period.

Pneumovax defined as any of the following documented anytime before the end of the report period unless otherwise noted:

1) Pneumococcal Immunization, defined as: A) (CVX) codes: 33 Pneumo Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; B) POV: V06.6 or V03.82; C) V Procedure: 99.55; D) CPT: 90669, 90732, G0009, G8115.

2) Contraindication, defined as: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.

3) Refusal during the Report Period: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package as contraindication of "Patient Refusal."

## Performance Measure Description:

TBD

## Past Performance and/or Target:

&gt;65 Vaccine Rate: IHS Performance: FY 2007 - 79%, FY 2006 - 74%, FY 2005 - 69%, FY 2004 - 69%, FY 2003 - 65%; HP 2010 Goal: 90%



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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	104		63			65		
Total # w/Pneumovax/ contra/refusal (GPRA)	47	45.2	44	69.8	-24.6	37	56.9	-11.7
A. # Refusals w/ % of Total IZ	1	2.1	0	0.0	+2.1	0	0.0	+2.1
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.5	2	4.5	+4.0	0	0.0	+8.5

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Childhood Immunizations

## Denominator(s):

Active Clinical patients ages 19-35 months at end of Report period.  
GPRA Denominator: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

## Numerator(s):

GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.  
Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.  
Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.  
Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.  
Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.  
Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

## Logic:

Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

## Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis.

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- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted as a refusal, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be counted as having a refusal for MMR.

- To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

- Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Pertussis: 11; OPV: 2, 89; IPV: 10, 89, 110, 120; MMR: 3, 94; M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107,

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110, 120; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723. DTaP  
contraindication definition: 1) Immunization Package contraindication of  
"Anaphylaxis."

- DTP IZ definitions: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV:  
V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure  
99.39. DTP contraindication definition: 1) Immunization Package  
contraindication of "Anaphylaxis."

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT  
90715. Tdap contraindication definition: 1) Immunization Package  
contraindication of "Anaphylaxis."

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3)  
CPT 90702. DT contraindication definition: 1) Immunization Package  
contraindication of "Anaphylaxis."

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5;  
3) CPT 90714, 90718. Td contraindication definition: 1) Immunization  
Package contraindication of "Anaphylaxis."

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure  
99.36. Diphtheria evidence of disease definitions: POV or PCC Problem  
List (active or inactive) V02.4, 032\*. Diphtheria contraindication  
definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV  
V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease  
definition: POV or PCC Problem List (active or inactive) 037\*. Tetanus  
contraindication definition: 1) Immunization Package contraindication of  
"Anaphylaxis."

- Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6;  
3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC  
Problem List (active or inactive) 033\*. Pertussis contraindication  
definition: 1) Immunization Package contraindication of "Anaphylaxis."

- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712.  
OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0,  
203.1, 203.8, 204-208; or Immunization Package contraindication of  
"Anaphylaxis."

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120; 2)  
POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4)  
Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem  
List (active or inactive): V12.02, 045\*, 138, 730.70-730.79. IPV  
contraindication definition: 1) Immunization Package contraindication of

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"Anaphylaxis" or "Neomycin Allergy."

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055\*. Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072\*. Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056\*, 771.0. Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hib definitions: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. Hib evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2. Hib contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

Performance Measure Description:

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TBD

Past Performance and/or Target:

HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

IHS Performance: FY 2007 - 78%, FY 2006 CRS - 78%, IZ Program - 80%;  
(beginning in 2007 CRS reports for GPRA), FY 2005 IZ Program - 75%, FY  
2004 IZ Program - 72%

Source:

CDC; HP 2010 14-22;14-24; HEDIS

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	51		39			55		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal	11	21.6	4	10.3	+11.3	6	10.9	+10.7
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	14	27.5	4	10.3	+17.2	9	16.4	+11.1
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	18	35.3	11	28.2	+7.1	13	23.6	+11.7
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	18	35.3	11	28.2	+7.1	19	34.5	+0.7
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	17	33.3	9	23.1	+10.3	14	25.5	+7.9
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	18	35.3	10	25.6	+9.7	14	25.5	+9.8

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## Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 months (GPRA)	29		0			0		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal (GPRA)	11	37.9	0	0.0	+37.9	0	0.0	+37.9
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	13	44.8	0	0.0	+44.8	0	0.0	+44.8
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	17	58.6	0	0.0	+58.6	0	0.0	+58.6
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	16	55.2	0	0.0	+55.2	0	0.0	+55.2

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Cancer Screening: Pap Smear Rates

## Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 21 through 64  
without documented history of Hysterectomy.

## Numerator(s):

GPRA Numerator: Patients with a Pap Smear documented in the past 3 years,  
including refusals in past year.

A: Patients with documented refusal in past year.

## Logic:

Age of the patient is calculated at the beginning of the Report Period.  
Patients must be at least 21 years of age at the beginning of the Report  
Period and less than 65 years of age as of the end of the Report Period.  
Hysterectomy defined as any of the following ever: 1) V Procedure:  
68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294,  
58548, 58550-58554, 58951, 58953-58954, 58956, 59135; or 3) V POV 618.5.Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up  
Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine  
Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to  
Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear,  
V72.3 Gynecological Examination, Pap Cervical Smear as Part of General  
Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be  
counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for  
Post-Hysterectomy Patients, 795.0\*; 3) V Procedure: 91.46; 4) V CPT:  
88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147,  
G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap  
Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX;  
8) Refusal (in past year) Lab Test Pap Smear.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance - FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 -  
58%, FY 2003 - 61%; IHS 2010 Goal: 90%

## Source:

HP 2010 3-4



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Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical								
21-64 years								
(GPRA)	463		349			320		
# w/Pap Smear recorded								
w/in 3 years								
(GPRA)	198	42.8	180	51.6	-8.8	147	45.9	-3.2
A. # Refusals								
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Cancer Screening: Mammogram Rates

## Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

## Numerator(s):

GPRA Numerator: All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.

A: Patients with documented refusal in the past year.

## Logic:

Age of the patient is calculated at the beginning of the Report period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominator, the patients must be less than 65 years of age as of the end of the Report Period.

Bilateral mastectomy defined as: 1) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47.

Screening Mammogram definitions: 1) V Radiology or V CPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat; 5) Refusal (in past year): V Radiology Mammogram for CPT 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 43%, FY 2006 - 41%, FY 2005 - 41%, FY 2004 - 40%, FY 2003 - 40%; IHS 2010 Goal: 70%

## Source:

SK

Jan 28, 2008

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HP 2010 3-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	86		58			47		
# w/Mammogram recorded w/in 2 years (GPRA)	30	34.9	22	37.9	-3.0	22	46.8	-11.9
A. # Refusals w/ % of Total Mammograms	5	16.7	0	0.0	+16.7	0	0.0	+16.7

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Colorectal Cancer Screening

## Denominator(s):

GPRA Denominator: All Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy.

## Numerator(s):

GPRA Numerator: Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or 4) a documented refusal in the past year.

A: Patients with documented refusal in the past year.

Patients with Fecal Occult Blood test (FOBT) during the Report period.

## Logic:

Age is calculated at the beginning of the Report period. Denominator

Exclusions: Any diagnosis ever of one of the following: 1. Colorectal

Cancer: POV: 153.\*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231. 2. Total Colectomy: CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8. Screening defined as the most recent of any of the following during applicable timeframes: 1. Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394; V POV V76.51 Colon screening; LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS; 2.

Flexible Sigmoidoscopy: V Procedure 45.24, 45.42; CPT 45330-45345, G0104;

3. Double contrast barium enema: CPT or VRad: 74280; 4. Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, G0121. "

Refusals in past year: 1. FOBT: Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394; 2. Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104; 3. Double contrast barium enema: Refusal of V Radiology CPT: 74280; 4. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old), G0105, or G0121.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 26%, FY 2006 - 22%, FY 2005 (non-GPRA in 2005) - 23%, HP 2010 Goal for FOBT: 33%, HP 2010 Goal for Sigmoidoscopy: 50%

## Source:

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HEDIS, HP 2010 3-12a (FOBT past 2 years), 3-12b (sigmoidoscopy ever)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	278		182			149		
# w/ CRC screening (GPRA)	54	19.4	46	25.3	-5.9	26	17.4	+2.0
A. # Refusals w/ % of Total CRC	7	13.0	0	0.0	+13.0	0	0.0	+13.0
# w/FOB test during Report period	12	4.3	12	6.6	-2.3	1	0.7	+3.6

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Tobacco Use and Exposure Assessment

## Denominator(s):

Active Clinical patients ages 5 and older.

## Numerator(s):

Patients who have been screened for tobacco use during the Report period.  
Patients identified as current tobacco users during the Report Period,  
both smokers and smokeless users.

A: Patients identified as current smokers during the Report Period.

B: Patients identified as current smokeless tobacco users during the  
Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS)  
(second hand smoke) during the Report Period.

## Logic:

Ages are calculated at beginning of Report period.

Tobacco screening is defined as at least one of the following (time frame  
for pregnant female patients is the past 20 months): 1. Any health factor  
for category Tobacco documented during Report period; 2. Tobacco-related  
diagnoses (POV or current Active Problem List) 305.1, 305.1\* (old codes),  
649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education  
code containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes),  
649.00-649.04, or V15.82; or 5. CPT 1034F (Current Tobacco Smoker), 1035F  
(Current Smokeless Tobacco User), or 1036F (Current Tobacco Non-User).

Tobacco users defined as (time frame for pregnant female patients is the  
past 20 months): 1. Health Factors: Current Smoker, Current Smokeless,  
Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; 2.  
Diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3.  
Dental code 1320; 4. CPT 1034F or 1035F.

Smokers defined as: 1. Health Factors: Current Smoker, Current Smoker and  
Smokeless, or Cessation-Smoker; 2. Diagnosis codes 305.1, 305.10-305.12  
(old codes), or 649.00-649.04; 3. Dental code 1320; 4. CPT 1034F.

Smokeless defined as: 1. Health Factors: Current Smokeless, Current  
Smoker and Smokeless, or Cessation-Smokeless; 2. CPT 1035F.

ETS defined as: Health Factor Smoker in Home or Exposure to Environmental  
Tobacco Smoke.

## Performance Measure Description:

Increase the rate of screening for tobacco use.

## Past Performance and/or Target:

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Screening: IHS Performance: FY 2005 - 34.0%, FY 2004 - 27.0%

HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b  
 (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers  
 4 and older): 63%

## Source:

HP 2010 27-1a Cigarette smoking 18 and older, 27-1b Spit tobacco use 18  
 and older, 27-10 Exposure to ETS-nonsmokers 4 and older

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5	1,205		967			909		
# w/Tobacco								
Screening	539	44.7	407	42.1	+2.6	330	36.3	+8.4
# Tobacco Users w/ % of								
Total Screened	236	43.8	147	36.1	+7.7	130	39.4	+4.4
A. # Smokers w/ % of								
Total Tobacco Users	223	94.5	146	99.3	-4.8	129	99.2	-4.7
B. # Smokeless Tobacco								
Users w/ % of Total								
Tobacco Users	13	5.5	1	0.7	+4.8	1	0.8	+4.7
# exposed to ETS/ smoker in home w/ % of								
Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1

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Tobacco Cessation

## Denominator(s):

GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period, broken out by age groups and gender.

## Numerator(s):

GPRA Numerator: Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.

A: Patients who refused tobacco cessation counseling.

Patients identified during the Report Period as having quit their tobacco use.

## Logic:

Age is calculated at the beginning of the Report period.

Tobacco users defined as documented prior to the Report Period: 1. Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, or Cessation-Smokeless; 2. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3. Dental code 1320; 4. CPT 1034F or 1035F.

Tobacco cessation counseling defined as any of the following documented during Report Period:

1. Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes), or 649.00-649.04;
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code G0375, G0376, or 4000F;
5. Prescription for tobacco cessation aid, defined as any of the following: A. Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy; B. Any medication with name containing NICOTINE PATCH, NICOTINE POLACRILEX, NICOTINE INHALER, or NICOTINE NASAL SPRAY; C. CPT 4001F;
6. Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.

Quit tobacco use defined as documented during Report Period: 1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82; or 2. Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

## Performance Measure Description:

TBD

## Past Performance and/or Target:



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IHS Performance: FY 2007 - 16%, FY 2006 - 12.0%

Smoking Cessation Attempts, HP 2010 Target: 75%

Smoking Cessation Counseling, HP 2010 Target: 72%

## Source:

Smoking Cessation Attempts: HP 2010 27-5, 27-7

Smoking Cessation Counseling: HP 1-3c

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	275		236			184		
# w/tobacco cessation counseling/refusal or Rx for cessation aid (GPRA)	37	13.5	46	19.5	-6.0	48	26.1	-12.6
A. # w/refusal of counseling	1	0.4	0	0.0	+0.4	0	0.0	+0.4
# who quit	5	1.8	2	0.8	+1.0	1	0.5	+1.3
Male Active Clinical Tobacco Users	128		116			95		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	23	18.0	19	16.4	+1.6	25	26.3	-8.3
A. # w/refusal of counseling	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# who quit	1	0.8	0	0.0	+0.8	1	1.1	-0.3
Female Active Clinical Tobacco Users	147		120			89		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	14	9.5	27	22.5	-13.0	23	25.8	-16.3
A. # w/refusal of counseling	1	0.7	0	0.0	+0.7	0	0.0	+0.7
# who quit	4	2.7	2	1.7	+1.1	0	0.0	+2.7

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## Tobacco Cessation (con't)

## ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	5	270
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	37
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	13.7
A. # w/refusal of counseling	0	0	1
% A. w/refusal of counseling	0.0	0.0	0.4
# who quit	0	0	5
% who quit	0.0	0.0	1.9
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	46
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.9
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	0.9
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-6.2
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+0.0	+1.0

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Tobacco Cessation (con't)

## ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

	<12	12-17	=>18
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## BASELINE REPORT PERIOD

Active Clin Tobacco Users	0	1	183
---------------------------	---	---	-----

# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	48
--	---	---	----

% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	26.2
--	-----	-----	------

A. # w/refusal of counseling	0	0	0
---------------------------------	---	---	---

% A. w/refusal of counseling	0.0	0.0	0.0
---------------------------------	-----	-----	-----

# who quit	0	0	1
% who quit	0.0	0.0	0.5

## CHANGE FROM BASE YR %

w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-12.5
--	------	------	-------

A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+0.0	+1.3

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Tobacco Cessation (con't)

## MALE ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tobacco Users	0	5	123
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	23
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	18.7
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	1
% who quit	0.0	0.0	0.8
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	1	4	111
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	19
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	17.1
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	+1.6
A. w/refusal of counseling	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	+0.8

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Tobacco Cessation (con't)

## MALE ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

&lt;12                  12-17                  =&gt;18

## BASELINE REPORT PERIOD

Male AC Tobacco Users                  0                  0                  95

# w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid

0                  0                  25

% w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid

0.0                  0.0                  26.3

A. # w/refusal of  
counseling

0                  0                  0

% A. w/refusal of  
counseling

0.0                  0.0                  0.0

# who quit

0                  0                  1

% who quit

0.0                  0.0                  1.1

## CHANGE FROM BASE YR %

w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid

+0.0                  +0.0                  -7.6

A. w/refusal of  
counseling

+0.0                  +0.0                  +0.0

who quit

+0.0                  +0.0                  -0.2

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Tobacco Cessation (con't)

## FEMALE ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tobacco Users	0	0	147
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	14
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	9.5
A. # w/refusal of counseling	0	0	1
% A. w/refusal of counseling	0.0	0.0	0.7
# who quit	0	0	4
% who quit	0.0	0.0	2.7
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	0	0	120
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	27
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	22.5
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	1.7
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-13.0
A. w/refusal of counseling	+0.0	+0.0	+0.7
who quit	+0.0	+0.0	+1.1

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Tobacco Cessation (con't)

## FEMALE ACTIVE CLINICAL TOBACCO USERS

## Age Distribution

&lt;12                  12-17                  =&gt;18

## BASELINE REPORT PERIOD

Female AC Tobacco Users                  0                  1                  88

# w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid                  0                  0                  23% w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid                  0.0                  0.0                  26.1A. # w/refusal of  
counseling                  0                  0                  0% A. w/refusal of  
counseling                  0.0                  0.0                  0.0

# who quit                  0                  0                  0

% who quit                  0.0                  0.0                  0.0

## CHANGE FROM BASE YR %

w/tobacco cessation  
counseling/refusal or Rx  
for cessation aid                  +0.0                  +0.0                  -16.6A. w/refusal of  
counseling                  +0.0                  +0.0                  +0.7

who quit                  +0.0                  +0.0                  +2.7

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Alcohol Screening (FAS Prevention)

## Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 15 to 44.

## Numerator(s):

GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.

D: Patients with documented refusal in past year.

## Logic:

Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) PCC Exam code 35, A2) Any Alcohol Health Factor, A3) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); B1) Alcohol-related diagnosis (POV, current PCC or BHS Problem List): 303.\*, 305.0\*, 291.\*, 357.5\*; BHS POV 10, 27, 29; B2) Alcohol-related procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69; C) Patient education codes containing "AOD-" or "-AOD", old codes containing "CD-" or "-CD", V11.3, V79.1, 303.\*, 305.0\*, 291.\* or 357.5\*; or D) Refusal of PCC Exam code 35 in the past year.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 41%, FY 2006 - 28%, FY 2005 - 11%, FY 2004 - 7%; IHS FY 2010 Target: 25%

## Source:

HP 2010 16-17a

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	398		325			304		
# w/any alcohol screening (GPRA)	12	3.0	2	0.6	+2.4	1	0.3	+2.7
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0



## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Intimate Partner (Domestic) Violence Screening

## Denominator(s):

GPRA Denominator: Female Active Clinical patients ages 15-40.

## Numerator(s):

GPRA Numerator: Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.

D: Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

## Logic:

Age is calculated at beginning of the Report Period. Screening is defined as at least one of the following: A) PCC Exam code 34 or BHS IPV/DV exam; B) Diagnosis (POV or current PCC or BHS Problem List): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 43.\*, 44.\* C1) Patient education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49; C2) IPV/DV counseling: V61.11. Refusals defined as: A) Any PCC refusal in past year with Exam Code 34, BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV".

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 36%, FY 2006 - 28%, FY 2005 - 13%, FY 2004 - 4% (not comparable since measure age range changed in 2005 from 16-24 to 15-40; IHS FY 2010 Target: 40%

## Source:

HP 2010 15-34

REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
PERIOD		PERIOD		PREV YR	% PERIOD		BASE %

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Intimate Partner (Domestic) Violence Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	348		294			267		
# w/IPV/DV screening or refusal (GPRA)	2	0.6	1	0.3	+0.2	0	0.0	+0.6
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Depression Screening

## Denominator(s):

GPRA Denominator: Active Clinical patients ages 18 and older, broken out by gender.

## Numerator(s):

GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

A: Patients screened for depression during the Report period.

B: Patients with a diagnosis of a mood disorder during the Report period.

C: Patients with documented refusal in past year.

## Logic:

Age is calculated at beginning of the Report period.

Screening is defined as: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression).

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Screening refusals defined as: A) Any PCC refusal in past year with Exam Code 36.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: 2007 - 24%, 2006 - 15%

HP 2010 Goal: 68%

## Source:

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

## Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 (GPRA)	984		731			665		
# w/ Depression screening, DX or refusal	41	4.2	41	5.6	-1.4	17	2.6	+1.6
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/mood disorder DX	41	4.2	41	5.6	-1.4	17	2.6	+1.6
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male Active Clinical Pts >=18	386		278			249		
# w/ Depression screening, DX or refusal	11	2.8	6	2.2	+0.7	1	0.4	+2.4
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	11	2.8	6	2.2	+0.7	1	0.4	+2.4
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Clinical Pts >=18	598		453			416		
# w/ Depression screening, DX or refusal	30	5.0	35	7.7	-2.7	16	3.8	+1.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	30	5.0	35	7.7	-2.7	16	3.8	+1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment

## Denominator(s):

Active Clinical patients ages 2 through 74, broken out by gender and age group.

## Numerator(s):

Patients for whom a BMI could be calculated, including refusals in the past year.

For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.

For those with a BMI calculated, patients considered obese using BMI and standard tables.

Total of overweight and obese.

Patients with documented refusal in past year.

## Logic:

Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

## Performance Measure Description:

Increase the number of patients for whom BMI data can be measured by 5%.

## Past Performance and/or Target:

BMI Available: IHS Performance: FY 2005 - 64.0%, FY 2004 - 60.0%

HP 2010 Goals: 19-2 (Obesity in Adults 20+): 15%, 19-3a (Overweight or Obesity in Children 6-11): 5%, 19-3b (Overweight or Obesity in Adolescents 12-19): 5%, 19-3c (Overweight or Obesity in Children 6-19): 5%

## Source:

HP 2010 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in Children 6-11, 19-3b Overweight or Obesity in Adolescents 12-19, 19-3c Overweight or Obesity in Children 6-19

REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
PERIOD		PERIOD		PREV YR	% PERIOD		BASE %

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

## Obesity Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,254		1,032			980		
# w/BMI calculated	854	68.1	819	79.4	-11.3	713	72.8	-4.7
A. # Overweight w/ % of Total BMI	238	27.9	236	28.8	-0.9	192	26.9	+0.9
B. # Obese w/ % of Total BMI	355	41.6	336	41.0	+0.5	267	37.4	+4.1
C. # Overweight/Obese w/ % of Total BMI	593	69.4	572	69.8	-0.4	459	64.4	+5.1
D. # w/refusal in past year w/ % of								
Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	97	143	122	214	188	185	197
# w/ BMI calculated	52	44	89	115	177	138	122	117
% w/BMI calculated	48.1	45.4	62.2	94.3	82.7	73.4	65.9	59.4
# A. Overweight	9	10	21	32	44	37	38	47
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	27.8	24.9	26.8	31.1	40.2
# B. Obese	7	13	28	38	82	82	56	49
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	33.0	46.3	59.4	45.9	41.9
# C. Overweight or Obese	16	23	49	70	126	119	94	96
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	60.9	71.2	86.2	77.0	82.1
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	119	133	120	161	134	125	129
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	47.1	66.2	95.0	94.4	95.5	89.6	93.0
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.0	-1.7	-3.9	-0.7	-11.7	-22.1	-23.7	-33.6
A. Overweight	+3.0	+3.1	+0.9	-5.5	-6.1	+1.0	-0.1	+2.7
B. Obese	-15.1	+4.5	+1.9	+2.3	+4.9	+0.0	-4.1	-1.5
C. Overweight or Obese	-12.1	+7.6	+2.8	-3.2	-1.2	+1.1	-4.2	+1.2
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0



## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total # Active Clin	116	115	135	112	153	126	123	100
# w/ BMI calculated	45	58	77	99	129	109	103	93
% w/BMI calculated	38.8	50.4	57.0	88.4	84.3	86.5	83.7	93.0
# A. Overweight	9	7	18	23	39	29	35	32
% A. Overweight w/ % Total BMI	20.0	12.1	23.4	23.2	30.2	26.6	34.0	34.4
# B. Obese	7	13	19	32	58	55	44	39
% B. Obese w/ % of Total BMI	15.6	22.4	24.7	32.3	45.0	50.5	42.7	41.9
# C. Overweight or Obese	16	20	37	55	97	84	79	71
% C. Overweight or Obese w/ % Total BMI	35.6	34.5	48.1	55.6	75.2	77.1	76.7	76.3
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+9.4	-5.1	+5.2	+5.9	-1.6	-13.1	-17.8	-33.6
A. Overweight	-2.7	+10.7	+0.2	+4.6	-5.4	+0.2	-2.8	+5.8
B. Obese	-2.1	+7.1	+6.8	+0.7	+1.4	+9.0	+3.2	-0.1
C. Overweight or Obese	-4.8	+17.8	+7.0	+5.3	-4.0	+9.2	+0.4	+5.7
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

## MALE ACTIVE CLINICAL POPULATION

## Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total MALE AC	52	44	70	41	68	69	78	103
# w/ BMI calculated	22	21	44	39	49	54	47	54
% w/BMI calculated	42.3	47.7	62.9	95.1	72.1	78.3	60.3	52.4
# A. Overweight	3	4	13	10	13	17	19	23
% A. Overweight w/ % Total BMI	13.6	19.0	29.5	25.6	26.5	31.5	40.4	42.6
# B. Obese	4	8	14	14	27	33	21	25
% B. Obese w/ % of Total BMI	18.2	38.1	31.8	35.9	55.1	61.1	44.7	46.3
# C. Overweight or Obese	7	12	27	24	40	50	40	48
% C. Overweight or Obese w/ % Total BMI	31.8	57.1	61.4	61.5	81.6	92.6	85.1	88.9
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

## MALE ACTIVE CLINICAL POPULATION

## Age Distribution

2-5    6-11    12-19    20-24    25-34    35-44    45-54    55-74

## PREVIOUS YEAR PERIOD

Total MALE AC	55	59	65	39	43	56	56	60
# w/ BMI calculated	21	31	41	36	40	55	50	54
% w/BMI calculated	38.2	52.5	63.1	92.3	93.0	98.2	89.3	90.0

# A. Overweight	4	5	8	14	14	15	16	21
% A. Overweight w/ % Total BMI	19.0	16.1	19.5	38.9	35.0	27.3	32.0	38.9

# B. Obese	5	7	10	11	20	34	30	23
% B. Obese w/ % of Total BMI	23.8	22.6	24.4	30.6	50.0	61.8	60.0	42.6

# C. Overweight or Obese	9	12	18	25	34	49	46	44
% C. Overweight or Obese w/ % Total BMI	42.9	38.7	43.9	69.4	85.0	89.1	92.0	81.5

# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## CHANGE FROM PREV YR %

w/ BMI calculated	+4.1	-4.8	-0.2	+2.8	-21.0	-20.0	-29.0	-37.6
A. Overweight	-5.4	+2.9	+10.0	-13.2	-8.5	+4.2	+8.4	+3.7
B. Obese	-5.6	+15.5	+7.4	+5.3	+5.1	-0.7	-15.3	+3.7
C. Overweight or Obese	-11.0	+18.4	+17.5	-7.9	-3.4	+3.5	-6.9	+7.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

## MALE ACTIVE CLINICAL POPULATION

## Age Distribution

2-5 6-11 12-19 20-24 25-34 35-44 45-54 55-74

## BASELINE REPORT PERIOD

Total MALE AC	58	61	63	35	48	46	53	45
# w/ BMI calculated	23	33	32	29	37	39	46	45
% w/BMI calculated	39.7	54.1	50.8	82.9	77.1	84.8	86.8	100.0

# A. Overweight	4	4	6	9	10	12	16	13
% A. Overweight w/ % Total BMI	17.4	12.1	18.8	31.0	27.0	30.8	34.8	28.9

# B. Obese	4	10	9	11	20	18	20	25
% B. Obese w/ % of Total BMI	17.4	30.3	28.1	37.9	54.1	46.2	43.5	55.6

# C. Overweight or Obese	8	14	15	20	30	30	36	38
% C. Overweight or Obese w/ % Total BMI	34.8	42.4	46.9	69.0	81.1	76.9	78.3	84.4

# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## CHANGE FROM BASE YR %

w/ BMI calculated	+2.7	-6.4	+12.1	+12.3	-5.0	-6.5	-26.5	-47.6
A. Overweight	-3.8	+6.9	+10.8	-5.4	-0.5	+0.7	+5.6	+13.7
B. Obese	+0.8	+7.8	+3.7	-2.0	+1.0	+15.0	+1.2	-9.3
C. Overweight or Obese	-3.0	+14.7	+14.5	-7.4	+0.6	+15.7	+6.8	+4.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

## FEMALE ACTIVE CLINICAL POPULATION

## Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total FEMALE AC	56	53	73	81	146	119	107	94
# w/ BMI calculated	30	23	45	76	128	84	75	63
% w/BMI calculated	53.6	43.4	61.6	93.8	87.7	70.6	70.1	67.0
# A. Overweight	6	6	8	22	31	20	19	24
% A. Overweight w/ % Total BMI	20.0	26.1	17.8	28.9	24.2	23.8	25.3	38.1
# B. Obese	3	5	14	24	55	49	35	24
% B. Obese w/ % of Total BMI	10.0	21.7	31.1	31.6	43.0	58.3	46.7	38.1
# C. Overweight or Obese	9	11	22	46	86	69	54	48
% C. Overweight or Obese w/ % Total BMI	30.0	47.8	48.9	60.5	67.2	82.1	72.0	76.2
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## \*\*\* IHS 2008 National GPRA Report \*\*\*

## DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2007 to Jun 30, 2008

Previous Year Period: Jul 01, 2006 to Jun 30, 2007

Baseline Period: Jul 01, 1999 to Jun 30, 2000

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Obesity Assessment (con't)

## FEMALE ACTIVE CLINICAL POPULATION

## Age Distribution

2-5 6-11 12-19 20-24 25-34 35-44 45-54 55-74

## PREVIOUS YEAR PERIOD

Total FEMALE AC	56	60	68	81	118	78	69	69
# w/ BMI calculated	28	25	47	78	112	73	62	66
% w/BMI calculated	50.0	41.7	69.1	96.3	94.9	93.6	89.9	95.7

# A. Overweight	3	6	12	24	33	18	19	24
% A. Overweight w/ % Total BMI	10.7	24.0	25.5	30.8	29.5	24.7	30.6	36.4

# B. Obese	9	7	16	24	43	42	26	29
% B. Obese w/ % of Total BMI	32.1	28.0	34.0	30.8	38.4	57.5	41.9	43.9

# C. Overweight or Obese	12	13	28	48	76	60	45	53
% C. Overweight or Obese w/ % Total BMI	42.9	52.0	59.6	61.5	67.9	82.2	72.6	80.3

# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## CHANGE FROM PREV YR %

w/ BMI calculated	+3.6	+1.7	-7.5	-2.5	-7.2	-23.0	-19.8	-28.6
A. Overweight	+9.3	+2.1	-7.8	-1.8	-5.2	-0.8	-5.3	+1.7
B. Obese	-22.1	-6.3	-2.9	+0.8	+4.6	+0.8	+4.7	-5.8
C. Overweight or Obese	-12.9	-4.2	-10.7	-1.0	-0.7	-0.0	-0.6	-4.1
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

## FEMALE ACTIVE CLINICAL POPULATION

## Age Distribution

2-5 6-11 12-19 20-24 25-34 35-44 45-54 55-74

## BASELINE REPORT PERIOD

Total FEMALE AC	58	54	72	77	105	80	70	55
# w/ BMI calculated	22	25	45	70	92	70	57	48
% w/BMI calculated	37.9	46.3	62.5	90.9	87.6	87.5	81.4	87.3

# A. Overweight	5	3	12	14	29	17	19	19
% A. Overweight w/ % Total BMI	22.7	12.0	26.7	20.0	31.5	24.3	33.3	39.6

# B. Obese	3	3	10	21	38	37	24	14
% B. Obese w/ % of Total BMI	13.6	12.0	22.2	30.0	41.3	52.9	42.1	29.2

# C. Overweight or Obese	8	6	22	35	67	54	43	33
% C. Overweight or Obese w/ % Total BMI	36.4	24.0	48.9	50.0	72.8	77.1	75.4	68.8

# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

## CHANGE FROM BASE YR %

w/ BMI calculated	+15.6	-2.9	-0.9	+2.9	+0.1	-16.9	-11.3	-20.3
A. Overweight	-2.7	+14.1	-8.9	+8.9	-7.3	-0.5	-8.0	-1.5
B. Obese	-3.6	+9.7	+8.9	+1.6	+1.7	+5.5	+4.6	+8.9
C. Overweight or Obese	-6.4	+23.8	+0.0	+10.5	-5.6	+5.0	-3.4	+7.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Childhood Weight Control

## Denominator(s):

GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

## Numerator(s):

Patients with BMI 85-94%.

GPRA Numerator: Patients with a BMI 95% and up.

Patients with a BMI =&gt;85%.

## Logic:

All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	SEX	BMI >=	BMI >=	DATA CHECK LIMITS	
		(Risk-Overwt)	(Overwt)	BMI >	BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

## Performance Measure Description:



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TBD

Past Performance and/or Target:

IHS Performance: FY 2007 - 24%, FY 2006 - 24%

IHS 2010 Goal: Reduce by 10%

Source:

CDC, National Center for Health Statistics

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
2-5 w/BMI								
(GPRA)	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95%								
(GPRA)	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts								
Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0
Active Clinical Pts								
Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8

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## Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7
Active Clinical Pts								
Age 5	7		6			10		
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1
Male Active Clinical								
Pts Age 2	1		3			2		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BMI =>95%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
# w/BMI =>85%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
Male Active Clinical								
Pts Age 3	9		7			4		
# w/BMI 85-94%	1	11.1	0	0.0	+11.1	1	25.0	-13.9
# w/BMI =>95%	1	11.1	2	28.6	-17.5	2	50.0	-38.9
# w/BMI =>85%	2	22.2	2	28.6	-6.3	3	75.0	-52.8
Male Active Clinical								
Pts Age 4	4		4			9		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	2	22.2	-22.2
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	11.1	-11.1
# w/BMI =>85%	0	0.0	1	25.0	-25.0	3	33.3	-33.3

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## Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical								
Pts Age 5	4		4			5		
# w/BMI 85-94%	2	50.0	1	25.0	+25.0	1	20.0	+30.0
# w/BMI =>95%	1	25.0	1	25.0	+0.0	0	0.0	+25.0
# w/BMI =>85%	3	75.0	2	50.0	+25.0	1	20.0	+55.0
Female Active Clinical								
Pts Age 2	1		5			3		
# w/BMI 85-94%	1	100.0	0	0.0	+100.0	1	33.3	+66.7
# w/BMI =>95%	0	0.0	1	20.0	-20.0	0	0.0	+0.0
# w/BMI =>85%	1	100.0	1	20.0	+80.0	1	33.3	+66.7
Female Active Clinical								
Pts Age 3	14		8			4		
# w/BMI 85-94%	1	7.1	2	25.0	-17.9	2	50.0	-42.9
# w/BMI =>95%	2	14.3	1	12.5	+1.8	0	0.0	+14.3
# w/BMI =>85%	3	21.4	3	37.5	-16.1	2	50.0	-28.6
Female Active Clinical								
Pts Age 4	8		6			8		
# w/BMI 85-94%	1	12.5	1	16.7	-4.2	1	12.5	+0.0
# w/BMI =>95%	1	12.5	2	33.3	-20.8	1	12.5	+0.0
# w/BMI =>85%	2	25.0	3	50.0	-25.0	2	25.0	+0.0
Female Active Clinical								
Pts Age 5	3		2			5		
# w/BMI 85-94%	1	33.3	0	0.0	+33.3	2	40.0	-6.7
# w/BMI =>95%	0	0.0	1	50.0	-50.0	1	20.0	-20.0
# w/BMI =>85%	1	33.3	1	50.0	-16.7	3	60.0	-26.7

## \*\*\* IHS 2008 National GPRA Report \*\*\*

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Comprehensive CVD-Related Assessment

## Denominator(s):

GPRA Denominator: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.

## Numerator(s):

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.

GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

## Logic:

Age of the patient is calculated at beginning of the Report period.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.\*, 414.0-414.9, 428.\* or 429.2 recorded in the V POV file.

For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3077F or 3080F during the past 2 years.

For LDL, finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

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Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1\* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1\* (old codes), 649.00-649.04, or V15.82; 5. CPT 1034F, 1035F, or 1036F.

For BMI, CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition counseling defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Performance Measure Description:  
TBD

Past Performance and/or Target:  
IHS Performance: 2007 - 30%

IHS 2010 Goals:  
BP Assessed: 95%  
LDL Assessed: 85%

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Tobacco Assessed: 50%  
 BMI Measured: 45%  
 Lifestyle Counseling: 75%  
 Depression Screen: 20%  
 All Assessments: 15%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	58		44			36		
# w/ BPs documented w/in 2 yrs	56	96.6	44	100.0	-3.4	36	100.0	-3.4
# w/LDL done w/in 5 yrs	49	84.5	38	86.4	-1.9	30	83.3	+1.1
# w/Tobacco Screening w/in 1 yr	43	74.1	37	84.1	-10.0	27	75.0	-0.9
# w/BMI calculated or refusal	54	93.1	43	97.7	-4.6	35	97.2	-4.1
# w/ lifestyle educ w/in 1 yr	29	50.0	22	50.0	+0.0	22	61.1	-11.1
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA)	23	39.7	19	43.2	-3.5	14	38.9	+0.8
# w/ Depression screening, DX, or refusal	4	6.9	4	9.1	-2.2	2	5.6	+1.3

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Prenatal HIV Testing

## Denominator(s):

GPRA Denominator: All pregnant Active Clinical patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

## Numerator(s):

GPRA Numerator: Patients who received HIV test during the past 20 months, including refusals in past 20 months.

A: Number of documented refusals in past 20 months.

## Logic:

Pregnancy is defined as at least two visits with POV V22.0-V23.9, V72.42, 640.\*-649.\*, 651.\*-676.\* during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633\*, 634\*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635\*, 636\*, 637\*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49. Pregnant patients with any HIV diagnosis ever are excluded, defined as: POV or Problem List codes 042, 042.0-044.9 (old codes), V08, or 795.71.

HIV test: CPTs 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP HIV TEST TAX; or Refusal Lab Test HIV in the past 20 months.

## Performance Measure Description:

TBD

## Past Performance and/or Target:

IHS Performance: FY 2007 - 74%, FY 2006 - 65%, FY 2005 - 54%, IHS 2010

Goal: 95%

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Prenatal HIV Testing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV	29		36			34		
# w/HIV test (GPRA)	16	55.2	7	19.4	+35.7	0	0.0	+55.2
A. # refusals w/ % of total tests	0	0.0	0	0.0	+0.0	0	0.0	+0.0



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OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY						
	Site Current	Site Previous	Site Baseline	GPRA08 Goal	Nat'l 2007	2010 Goal
DIABETES						
Poor Glycemic Control >9.5	15.6%	4.2%	12.6%	TBD	16%	N/A
Ideal Glycemic Control <7	29.4%	31.6%	25.3%	TBD	31%	40.0%
Controlled BP <130/80	21.1%	21.1%	14.9%	TBD	39%	50.0%
LDL Assessed	64.2%	48.4%	26.4%	TBD	61%	70.0%
Nephropathy Assessed*	39.4%	6.3%	5.7%	TBD	40%	70.0%
Retinopathy	48.6%	41.1%	50.6%	TBD	49%	76.0%
DENTAL						
Dental Access General	8.4%	8.5%	8.9%	TBD	25%	40.0%
# Sealants	49	61	81	TBD	245,449	N/A
Topical Fluoride-# Pts	38	26	15	TBD	107,934	N/A
IMMUNIZATIONS						
Influenza 65+	27.9%	39.7%	23.1%	TBD	59%	90.0%
Pneumovax Ever 65+	45.2%	69.8%	56.9%	TBD	79%	90.0%
Active IMM 4:3:1:3:3**	37.9%	0.0%	0.0%	TBD	78%	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	42.8%	51.6%	45.9%	TBD	59%	90.0%
Mammogram Rates 52-64	34.9%	37.9%	46.8%	TBD	43%	70.0%
Colorectal Cancer 51-80	19.4%	25.3%	17.4%	TBD	26%	33.0%
Tobacco Cessation Counsel	13.5%	19.5%	26.1%	TBD	16%	72.0
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.0%	0.6%	0.3%	TBD	41%	25.0%
IPV/DV Screen 15-40	0.6%	0.3%	0.0%	TBD	36%	40.0%
Depression Screen 18+	4.2%	5.6%	2.6%	TBD	24%	68.0%
CARDIOVASCULAR DISEASE						
Children 2-5 w/BMI =>95% 10%	11.4%	23.1%	12.5%	TBD	24%	Reduce
IHD: Comp CVD Assessment	39.7%	43.2%	38.9%	TBD	30%	15.0%
OTHER CLINICAL						
Prenatal HIV Testing	55.2%	19.4%	0.0%	TBD	74%	95.0%

\* Measure definition changed in 2007.

\*\* Site Previous and Site Baseline values are not applicable for this measure.

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY					
	Site	Site	Site	Nat'l	2010
	Current	Previous	Baseline	2007	Goal
DIABETES					
Diabetes DX Ever*	8.2%	9.2%	8.4%	11%	N/A
Documented Alc*	72.5%	73.7%	59.8%	79%	50.0%
BP Assessed	92.7%	82.1%	85.1%	TBD	N/A
IMMUNIZATIONS					
Active Clinical 4:3:1:3:3	21.6%	10.3%	10.9%	TBD	80.0%
CANCER-RELATED					
Tobacco Assessment 5+	44.7%	42.1%	36.3%	TBD	N/A
Tobacco Use Prevalence	43.8%	36.1%	39.4%	TBD	12.4%
CARDIOVASCULAR DISEASE					
BMI Measured 2-74	68.1%	79.4%	72.8%	TBD	N/A
Assessed as Obese	41.6%	41.0%	37.4%	TBD	N/A
IHD: Comp CVD Assessment					
IHD: BP Assessed	96.6%	100.0%	100.0%	N/A	95.0%
IHD: LDL Assessed	84.5%	86.4%	83.3%	N/A	85.0%
IHD: Tobacco Assessed	74.1%	84.1%	75.0%	N/A	50.0%
IHD: BMI Assessed	93.1%	97.7%	97.2%	N/A	45.0%
IHD: Lifestyle Counsel	50.0%	50.0%	61.1%	N/A	75.0%
IHD: Depression Screen	6.9%	9.1%	5.6%	N/A	15.0%

\*Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures.